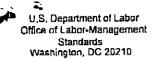
1 / 1 / 2005 Through: 12 / 31 / 2005



FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Fallure to comply may result to criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U 09333 9153

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

3. Name and address of person filing.	Name, file number, and address of labor organization.
Name William Drew	Name IBEW Local 701
P.O. Box, Bidg., Room No., if any	Labor Organization File Number 009-333 P.O. Box, Building and Room Number, If any
Street 28600 Bella Vista Parkway	Street 28600 Bella Vista Parkway
Clty Warrenville	City Warrenville
State Illinois ZIP Code + 4 60555	State Illinois ZIP Code + 4 60555
5. Position in labor organization. President	
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other acconomic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
	7.a. Nature of Interest, Transaction, or Income.
6. Name and address of Employer (including trade name, If any).	F.a. Name of interest, Indicated in the street.
Name	
Trade Name, if any:	
P.O. Box, Bidg., Room No., if any	7.b. Amount.
Street	
 Cibr	a control of the section of the sect
City	
State ZIP Code + 4	
Signature	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) Signed W. Marc C. Doc. 130-393-1701	

Telephone Number

Name of Person Filing William Drew	File Number U-
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.	
8. Name and address of Business (Including trade name, if any),	9. Business deals with:
Name NECA-IBEW Local 701 LMCC	X, a, Labor Organization
Trade Name, if any:	b. Trust
P.O. Box, Bldg., Room No., if any	c. Employer
Street 28600 Bella Vista Parkway	
Cny Warrenville	
State Illinois ZIP Code + 4 60555	
10, If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Trade Name, if any:	NECA-IBEW Local 701 LMCC is a labor-management organization, whose purpose is to promote the electrical industry in Dupage County. There is no direct dealings between the two parties
,	,
P.O. Box, Bidg., Room No., if any	·
Street	11.b. Approximate dollar value of such dealing. \$0
City	12.a. Nature of interest hald or income received. Received loss-of-rime wages for attending LMCC Board
State ZIP Code + 4	meetings.
	·
	12.b. Amount. \$297
C. Rocolved from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (Including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Bax, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	

or Consultant

7

13.b. Is the Business an Employer